

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10/790,688</div>	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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49						
50						
Total Indep			2			
Total Depend			12			
Total Claims			14			